Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

paper

Computer Readable Form (CRF)

CD-ROM or CD-R (2 copies); or ii.

Statement verifying identity of above copies

Specification Sequence Listing on:

Other Attachment:

a.

b.

C.



									
UTILITY PATENT APPLICATION TRANSMITTAL (continued)					Attorney Docket No. 0529-1018				
If a CONTINUING APPLICATION, check appropriate box, and supply requisite information below									
and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:									
Continuation Divisional Continuation-in-part of Prior Appln. #									
Prior Application Information: Examiner: Tech Center:									
CORRESPONDENCE INFORMATION									
Customer Number: 00466									
Correspondence Address: Young & Thompson 745 South 23 rd Street, Second Floor Arlington, VA 22202 Telephone (703) 521-2297 Facsimile (703) 979-4709									
The filing fee has been calculated as follows:									
	FOR	NUMBER FILED	NUMBER	SMALL RATE	FEE	LARGI RATE	E ENTITY FEE		
	TOR	NOMBLITTILLD	EXTRA	IVAIL	1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
BASIC FEE					\$385.00		\$770.00		
TOTA	L CLAIMS	<u>26</u> - 20 =	<u>6</u>	\$9.00	\$ <u>54.00</u>	\$18.00	\$		
INDEPENDENT CLAIMS		<u>1</u> - 3 =		\$43.00	\$	\$86.00	\$		
MULTIPLE DEPENDENT CLAIM FEE				\$145.00	\$	\$290.00	\$		
TOTAL SMALL ENTI					\$ <u>439.00</u>				
	TOTAL LARGE ENTITY \$						\$		
\boxtimes	A Check in the amount of \$479.00 to cover all fees is attached.								
	The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit account No. 25-0120 in the name of Young & Thompson, as described below. A duplicate copy of this sheet is enclosed.								
\boxtimes	The Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 25-0120 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17.								
	Ein Jum								
	Eric Jensen, Reg. No. 87,855								
	745 O - 11 00 rd O - 1								

745 South 23rd Street Arlington, VA 22202 Telephone (703) 521-2297

EJ/maf Date: October 10, 2003

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

		Effec	ctive Octob	oer 1, 20)03						
CLAIMS AS FILED - PART I (Column 1) (Column 2)						·mn 0)		SMALL ENTITY			RTHAN
Τí	OTAL CLAIMS		(COIGITII)	(Column 1) (c			TYPE	<u> </u>	OR T		_
_	OR						RATE		-	RATE	FEE
_			NUMBER		 	BER EXTRA	BASIC F	EE 385.00	OR	BASIC FEE	770.00
TC	OTAL CHARGEA	ABLE CLAIMS	mir	minus 20= '			X\$ 9=	:	OR	X\$18=	
<u> </u>	DEPENDENT CI		٠	minus 3 =			X43=		OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM PE	RESENT	RESENT			+145=		OR		
* If	ithe difference	e in column 1 is	less than ze	less than zero, enter "0" in column 2			TOTAL	ng	OR	L	
	С	CLAIMS AS A	AMENDEC) - PAR'	T II			47/	T X.	OTHER	THAN
		(Column 1)		(Colum	mn 2)	(Column 3)	SMAL	L ENTITY	OR .	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X43=		OR	X86=	,
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEP	'ENDENT	CLAIM		.145-	+	1	220-	
							+145= TOTA		OR	+290= TOTAL	
		:					ADDIT. FE		OR ,	ADDIT. FEE	
	Γ	(Column 1) CLAIMS		(Colum		(Column 3)			1 ,		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total		Minus	**	. <u></u>	=	X\$ 9=		OR	X\$18=	
AME	Independent	<u> </u>	Minus	***	·	=	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			+	1		
						·	+145= TOTAL		OR.	+290=	
							ADDIT. FEE		OR A	TOTAL ADDIT. FEE	
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ENTC		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	BER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
ME		L	Minus	***		=	X43=	1		X86=	
<u> </u>	FIRST PRESEN	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		740-	+	OR		
* #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+290=	
***	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										